

CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Executive Director		CB/ID No. EX		DIVISION or BUREAU Executive Office	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400		INDEX NUMBER 1000	
CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.510
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
5/1		Amtrak Multi-Ride Ticket					65.00				0.00		65.00	
5/25	10:30	Oakland to Los Angeles	313.75		10.00	18.00	6.00				0.00	* 12.00	359.75	
5/26	17:30	Los Angeles to Oakland		6.00	10.00			A		32.00	0.00		48.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			313.75	6.00	20.00	18.00	6.00	65.00		32.00	0.00	0.00	12.00	472.75
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL \$472.75

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5/1~Discount transportation program (Amtrak multi-ride ticket paid @ \$400) reimbursement 5/25 and 26 ~ Attend and participate in California Housing Consortium 2011 Policy Forum in Santa Monica	AGENCY ACCOUNTING OFFICE USE ONLY
	PAID BY REVOLVING FUND CHECK NUMBER 0748359 6/9/11

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE 	DATE 6/3/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 6/3/11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	